



CALENDAR YEAR 2016

OUT-OF-TOWN CONTRACTORS DOING BUSINESS IN LOVETTSVILLE, VA
BUSINESS, PROFESSIONAL AND OCCUPATIONAL LICENSE TAX ASSESSMENT FORM

Please complete the shaded areas below.

OWNER	
BUSINESS NAME	
MAILING ADDRESS	
CITY, STATE, ZIP	

BUSINESS INFORMATION

BUSINESS PHONE NUMBER	
EMAIL ADDRESS	
SSN OR FEDERAL EMPLOYER IDENTIFICATION NUMBER	
CONTRACTOR'S LICENSE NUMBER	
BUSINESS LOCATION (Street Address)	
(City, State, Zip)	
PROVIDE A BRIEF DESCRIPTION OF BUSINESS ACTIVITIES AT THIS LOCATION.	

STATEMENT OF GROSS RECEIPTS

AMOUNT OF GROSS RECEIPTS <u>ATTRIBUTABLE TO BUSINESS IN LOVETTSVILLE</u> IN 2015	\$ _____
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TAX COMPUTATION

GROSS RECEIPTS	BUSINESS LICENSE TAX
\$0.00 - \$25,000.00	\$0.00 (SIGN ATTESTATION STATEMENT BELOW)
\$25,000.00 AND OVER	\$37.50 + \$0.17 PER \$100 OF GROSS RECEIPTS OVER \$25,000.00
TOTAL CONTRACTOR LICENSE TAX DUE: \$ _____ + 10% LATE FEE (AFTER 3/15/16): \$ _____	
TOTAL AMOUNT DUE: \$ _____	

DECLARATION

<input type="checkbox"/> I DECLARE THAT THE STATEMENTS AND FIGURES GIVEN ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
OR	
<input type="checkbox"/> (ATTESTATION) I CERTIFY THAT THIS BUSINESS IS PHYSICALLY LOCATED OUTSIDE THE LOVETTSVILLE TOWN LIMITS AND THAT GROSS RECEIPTS EARNED FROM BUSINESS ACTIVITY WITHIN THE TOWN LIMITS IN 2015 WERE LESS THAN \$25,000.00.	
SIGNATURE CEO/PARTNER/OWNER/OFFICER _____	DATE _____

BY **MARCH 15, 2016** RETURN THIS FORM AND CHECK PAYABLE TO:

TOWN OF LOVETTSVILLE
ATTN: TREASURER
PO Box 209
LOVETTSVILLE, VA 20180-0209

FOR OFFICE USE ONLY

2015 LICENSE	
2016 LICENSE	
DATE RECEIVED	
AMOUNT	
DATE ISSUED	
INITIALS	